See page 4, third paragraph, please amend the specification to read as follows:

B7

ADDERALL® comprises a mixture of four amphetamine salts, dextroamphetamine sulfate, dextroamphetamine saccharate, amphetamine aspartate monohydrate and amphetamine sulfate, which in combination, are indicated for treatment of Attention Deficit Hyperactivity Disorder in children from 3-10 years of age. One disadvantage of current treatment is that a tablet form is commonly used which many young children have difficulty in swallowing. Another disadvantage of current treatment is that two separate dose are administered, one in the morning and one approximately 4-6 hours later, commonly away from home under other than parental supervision. This current form of treatment, therefore, requires a second treatment which is time-consuming, inconvenient and may be problematic for those children having difficulties in swallowing tablet formulations.

REMARKS

The undersigned wishes to express sincere appreciation to Examiners Berman and Travers for the courteous and helpful interview of October 9, 2000. It is believed the above claims are in substance those discussed at that time.

The foregoing amendments alleviate the Examiners' concerns under 35 U.S.C. 112, second paragraph. These amendments in this regard further clarify what was already clear, especially in light of the specification. Thus, no narrowing of the claims has been achieved by the discussed clarifications.

All claims now clearly indicate applicability of the claimed subject matter to human patients by oral administration. This now makes even clearer that the "pH" aspect refers to the normal route of orally administered drugs. The pH dependent doses rely, e.g., on highly conventional enteric technology to achieve release as the pH changes along the gastrointestinal tract. The pH independent doses rely on mechanisms of release which are not affected by such